

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		8				
2							52	1					
3							53		1				
4							54	1					
5	1						55		1				
6							56		1				
7							57						
8							58						
9	1						59						
10							60						
11							61						
12							62						
13	1						63						
14							64						
15							65						
16							66						
17	1						67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28							78						
29	1						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	1						85						
36							86						
37							87						
38							88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50	1	8					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	57	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	70					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY